Adminis				onal							Page	or rages	,			
	LEXPEN															
STD 262 A (REV 9/2007) CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER					DEPARTMENT				
Frank McCarton							DIVISION OR BUREAU					CalEMA INDEX NUMBER				
POSITION CB/ID NUMBER Undersecretary E99							Executive Office					2000 Executive Office				
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS 3650 Schriever Avenue					TELEPHONE NUMBER (916) 845-8530				
CITY STATE ZIP CODE						CITY STATE Mather CA 12) PRIVATE VEHICLE LICENSE No.:					ZIP CODE 95655 (3) MILAGE RATE CLAIMED:					
(1) NORMAL WORK HOURS:																
0800 - 17		no.				(2) PF	RIVATE VEHIC	LE LICEN	SE No.:		0.50	NOE NATE C	LAIMED.			
4) / YEAR MONTH		(6)		(7)	(8)	MEALS	MEALS		(10) TR	AN SPORT	A TION				(12)	
3/2010		WHERE EXPENSESES WERE INCURRED		LODGING	BREAK-		O.T.,L/T. N/C. RELO.		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE	CAR USE	BUSINESS	TOTAL EXPENSES FOR DAY	
(5) DATE TIME					FAST	LUNCH	OR DINNER					MILES				
3/29		HQ to Pa	sadena, Ca	126.70			18.00		/	sc		1			144.7	
3/30	2200	Pasa	dena to HM		6.00	10.00	18.00	6.00		sc	-	-			40.0	
											-		1 3	2 0	 	
													-	4 0		
													==	5		
										1			w	HILIMINO		
										-	-	-	700	6		
							_							m		
													7	CEI		
														m		
			-							+	-		-	0		
	- 4															
												1				
										ļ	 	-	-			
											1					
13)	***************************************	UBTOTA		126.70	6.00	10.00	36.00	6.00							184.70	
4) PURPOS	C E OF TRIP, RI	LAIM TO		TTACH REC	EIPTS/VOUCE	ERS WHE	N REQUIRED)		-					184.70	
Pa	sadena JFO V	isit														
OFFICE USE ONLY			PCA	PROJECT	WORK PHASE	OBJ A		OBJ	AO AN	IOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL	
			99650	-	-	292	184.70	-							184.70	
			-	-	-	-	-	-	-	-			-			
													+			
TOTALS					184.70				,							
5) I HEREB	Y CERTIFY TI	nat the above	is a true state	ement of the tr	avel expense	as incurred	by me in acco	ordance wit	h DPA rules	in the servi	ce of the State	of California	a. If a privately o	alaidev benwa	184.70 was used,	
71 0752, 07	53 and 0754 p	ertaining to v	ehir's safety a	and seat belt L	ISAGE.				a rate clair				nts as prescribe			
		-74		- PA	/22/2	0/0	16) SIGNATU	IR.	~		RAVEL AND P	AYMENT	DA	ATE /23/	10	
(17) SPECIA	EXPENSES	SIGNATURE	AND TITLE (S	See Itme 17 or		-		1						ATE		
-																
Revie	wed by Pa	m Rocks	vold on 04	20/2010												